



CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

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CONTROLLED SUBSTANCE LOSS REPORTING AND REPLACEMENT FORM

REFERENCE: SYSTEM POLICY #D.2 PHARMACEUTICAL REPLACEMENT AND EXCHANGE

THIS FORM IS TO BE UTILIZED WHEN A CONTROLLED SUBSTANCE OR NARCOTIC IS REPLACED FOR ANY REASON OTHER THAN PATIENT ADMINISTRATION OR EXPIRATION. MEDICATIONS INCLUDE, BUT ARE NOT LIMITED TO, MIDAZOLAM (VERSED®), MORPHINE SULFATE (MORPHINE®), FENTANYL (SUBLIMAZE®), KETAMINE (KETALAR®), DIAZEPAM (VALIUM®), AND LORAZEPAM (ATIVAN®).

THIS FORM SHALL ALSO BE UTILIZED WHEN THE EMS PROVIDER DOES NOT HAVE THE MEDICATION VIAL OR PACKAGING WHEN REQUESTING ROUTINE REPLACEMENT FOR CONTROLLED SUBSTANCES OR NARCOTICS USED FOR PATIENT ADMINISTRATION.

DATE: ____ / ____ / ____

TIME: _____ HRS

EMS AGENCY: _____

UNIT / VEHICLE NUMBER: _____

HOSPITAL PROVIDING REPLACEMENT: _____

MEDICATION: _____

TOTAL DOSE: _____

DOSE ADMINISTERED
(IF APPLICABLE): _____

PACKAGING TYPE:	PRE-FILLED SYRINGE	AMPULE / VIAL	TUBEX / CARPUJECT	BOX / PACKAGE	OTHER: _____
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EXPLANATION OF
LOSS:

REQUIRED NAMES AND SIGNATURES:

EMS PROVIDER NAME: _____ SIGNATURE: _____

RN OR PHARMACIST NAME: _____ SIGNATURE: _____

EMS SYSTEM COORDINATOR: _____ SIGNATURE: _____

FORWARD THIS COMPLETED FORM TO THE CENTRAL DUPAGE HOSPITAL EMS SYSTEM OFFICE, ATTN: EMS SYSTEM COORDINATOR

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